

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. M4065.0650/P650	
		First Inventor Howard E. Rhodes	
		Title SINGLE POLY CMOS IMAGER	
		Express Mail Label No. _____	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																								
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 45] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]</p> <p>5. Oath or Declaration [Total Sheets 2]<ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: _____</p>																								
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																									
19. CORRESPONDENCE ADDRESS																									
<p><input checked="" type="checkbox"/> Customer Number: 24998 OR <input type="checkbox"/> Correspondence address below</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP</td></tr><tr><td colspan="4">Address Thomas J. D'Amico</td></tr><tr><td colspan="4">Address 2101 L Street NW</td></tr><tr><td>City Washington</td><td>State DC</td><td>Zip Code 20037-1526</td><td></td></tr><tr><td>Country US</td><td>Telephone (202) 785-9700</td><td>Fax (202) 887-0689</td><td></td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Name (Print/Type) Thomas J. D'Amico</td><td>Registration No. (Attorney/Agent) 28,371</td></tr><tr><td>Signature </td><td>Date October 21, 2003</td></tr></table>		Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP				Address Thomas J. D'Amico				Address 2101 L Street NW				City Washington	State DC	Zip Code 20037-1526		Country US	Telephone (202) 785-9700	Fax (202) 887-0689		Name (Print/Type) Thomas J. D'Amico	Registration No. (Attorney/Agent) 28,371	Signature	Date October 21, 2003
Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP																									
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PTO/SB/17 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	Not Yet Assigned	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Concurrently Herewith	
		First Named Inventor	Howard E. Rhodes	
		Examiner Name	Not Yet Assigned	
TOTAL AMOUNT OF PAYMENT (\$)		1,672.00	Attorney Docket No.	M4065.0650/P650
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION		Fee Description		
1. BASIC FILING FEE		Fee Paid		
Large Entity Small Entity		Fee Description		
Fee Code Fee (\$)		Fee Code Fee (\$)		
Fee Code Fee (\$)		Fee Description		
Fee Code Fee (\$)		Fee Paid		
SUBTOTAL (1) (\$)		770.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		SUBTOTAL (2) (\$)		
Total Claims 44 -20** = 24 x 18.00 = 432.00		862.00		
Independent Claims 8 -3** = 5 x 86.00 = 430.00		SUBTOTAL (3) (\$)		
Multiple Dependent		40.00		
SUBTOTAL (2) (\$)		40.00		
SUBTOTAL (3) (\$)		40.00		
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Thomas J. D'Amico		Registration No. 28,371		
Signature		Telephone (202) 828-2232		
		Date October 3, 2003		